

# HAMPTON VA

October 28, 2019

**MEMORANDUM TO:** PFT Employees  
**FROM:** Mary B. Bunting, City Manager *Mary B. Bunting*  
**SUBJECT:** 2020 Annual Open Enrollment

## HEALTH INSURANCE ANNUAL OPEN ENROLLMENT PERIOD:

The annual open enrollment period for all benefit plans will be held beginning Monday November 4, 2019, until Friday November 15, 2019 at noon. Employees are encouraged to attend one of the briefings held by Finance during this time period to be sure you understand the benefit plans. Spouses are also welcome to attend.

## PREMIUM INFORMATION:

Anthem BCBS KeyCare and EyeMed Vision will not incur any premium rate changes for the Plan Year 2020. Delta Dental's PPO & EPO plans will incur a slight increase of 3% effective January 1, 2020. These premium changes will be adjusted on your December 6, 2019 payroll check. Please see the back of this page for complete premium rates.

## PLAN COVERAGES INFORMATION:

In order to provide our employees with a competitive benefits package, the City of Hampton reviews programs annually and makes modifications that are appropriate. The City strives to deliver the highest quality, most cost effective benefit programs to our employees. After this review, we have determined that there will not be any changes to the medical, dental, or vision plan coverages for this plan year.

## ENROLLMENT DEADLINE – FRIDAY, NOVEMBER 15, 2019:

A schedule of employee briefings, a summary of the benefits, the election forms, and enrollment forms are available on the intranet at: <http://www.hampton.gov/benefits> and will also be available at all of the Open Enrollment briefings, or you may contact the Finance Department at (757) 727-6230 to obtain one.

November 4<sup>th</sup> – 15<sup>th</sup> will be your only opportunity, and every November thereafter, to:

1. Enroll, drop, or change your current coverage unless you experience a qualifying life event as defined below.
2. Add/drop a spouse or dependent child unless the family experiences a change as defined below.
3. Switch/enroll in the pre-tax or after-tax medical plan. After-tax medical plan participants have the option to make changes to their coverage level anytime during the Plan year.
4. Re-enroll into the **Flexible Spending Accounts**. Medical Flexible Spending Accounts maximum contributions have not been specified by IRS as of today however, the calendar year 2019 limit is \$2,700. Dependent Care Flexible Spending Accounts maximum contributions will be \$5,000 for married couples filing jointly or for single parents filing head of household. The maximum for individuals who are married, but filing separately will be \$2,500. **If you do not complete the 2020 FSA Benefit Election Form located at <http://www.hampton.gov/benefits>, your FSA will end on December 31, 2019.**

Please notify the Finance department as soon as possible within 30 days of a **Qualifying Life Event** or a change in family status which is defined as marriage, divorce, birth/adoption/legal custody of a dependent child, death of a spouse or dependent child, aged-out dependent (26 years old) child's status, termination or commencement of a spouse's employment which affects coverage, change from part-time to full-time status (or vice versa) by the employee or employee's spouse which affects coverage, or an unpaid leave of absence taken by the employee or employee's spouse which affects coverage).

Due to the **Affordable Care Act (ACA)** reporting requirements, we are required to have documentation on file if you choose not to have coverage through the City of Hampton's group health insurance plan. If you choose not to have health insurance, you need to complete a **Waiver of Coverage Form** and return it to the Finance Department by noon on November 15, 2019. This form can be obtained by contacting the Finance Department at (757) 727-6320 or at <http://www.hampton.gov/benefits>.

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Documentation is required to enroll family members. Attach copies of **birth certificates, adoption papers, or court-ordered custody papers** to cover dependent children and a **marriage certificate** to cover your spouse.

**Plan Year January 1, 2020 – December 31, 2020**

## **Anthem BCBS KeyCare Health Insurance Premiums**

COVERAGE LEVEL		PER PAY PERIOD	MONTHLY
Employee Only	City Pays	\$266.55	\$533.10
	Employee Pays	\$67.46	\$134.92
	Total	\$334.01	\$668.02
Employee + Minor	City Pays	\$386.98	\$773.95
	Employee Pays	\$122.24	\$244.48
	Total	\$509.22	\$1,018.43
Employee + Family	City Pays	\$668.27	\$1,336.54
	Employee Pays	\$264.02	\$528.04
	Total	\$932.29	\$1,864.58

## **Delta Dental Premiums**

COVERAGE LEVEL	PPO PLUS PREMIER		PPO EXCLUSIVE PANEL OPTION (EPO)	
	PER PAY PERIOD	MONTHLY	PER PAY PERIOD	MONTHLY
Employee Only	\$14.55	\$29.10	\$11.15	\$22.30
Employee + Minor	\$26.94	\$53.88	\$22.18	\$44.36
Family	\$38.63	\$77.26	\$36.01	\$72.02

\*\*\*Be sure to check the box for Delta Dental PPO Plus Premier OR EPO on your application\*\*\*

## **EyeMed Vision Premiums**

COVERAGE LEVEL	PER PAY PERIOD	MONTHLY
Employee Only	\$4.16	\$8.32
Employee + Child/Children	\$8.31	\$16.62
Employee + Spouse	\$7.91	\$15.82
Family	\$12.22	\$24.44

Please call the Finance Department at (757) 727-6230 if you have any questions or need assistance.